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RCE
YRobinson
7/9/03

REQUEST FOR CONTINUED EXAMINATION (RCE) TRANSMITTAL

Address to:
Commissioner for Patents
Box RCE
Washington, DC 20231

TECHNOLOGY CENTER 2800

Application Number	09/881,005
Filing Date	June 14, 2001
First Named Inventor	Michio Horiuchi
Art Unit	2811
Examiner Name	Douglas W. Owens
Attorney Docket Number	149-01

This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application
Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application. See Instruction Sheet for RCEs (not to be submitted to the USPTO) on page 2.

1. **Submission required under 37 CFR §1.114**
   a. ☐ Previously submitted
      i. ☐ Consider the amendment(s)/reply under 37 CFR §1.116 previously filed on _____
         (Any unentered amendment(s) referred to above will be entered).
      ii. ☐ Consider the arguments in the Appeal Brief or Reply Brief previously filed on _____
      iii. ☐ Other _____
   b. ☒ Enclosed
      i. ☒ Amendment/Reply   iii. ☐ Information Disclosure Statement (IDS)
      ii. ☐ Affidavit(s)/Declaration(s)   iv. ☐ Other _____

2. **Miscellaneous**
   a. ☐ Suspension of action on the above-identified application is requested under 37 CFR §1.103(c) for
      a period of _____ months (Period of suspension shall not exceed 3 months; Fee under 37 CFR§1.17(i) required)
   b. ☐ Other

3. **Fees** The RCE fee under 37 CFR §1.17(e) is required by 37 CFR §1.114 when the RCE is filed.
   a. ☐ The Director is hereby authorized to charge the following fees, or credit any overpayments, to
      Deposit Account No. _____
      i. ☐ RCE fee required under 37 CFR §1.17(e)
      ii. ☐ Extension of time fee (37 CFR §§1.136 and 1.17)
      iii. ☐ Other _____
   b. ☒ Check in the amount of $ 750.00 _____ enclosed
   c. ☐ Payment by credit card (Form PTO-2038 enclosed)
      WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

Name (Print / Type)	Derek S. Jessen	Registration No. (Attorney / Agent)	48,213
Signature	Derek S Jessen	Date	June 16, 2003

CERTIFICATE OF MAILING OR TRANSMISSION

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner For Patents, Box RCE, Washington, DC 20231, or facsimile transmitted to the U.S. Patent andTrademark

Name (Print / Type)	
Signature		Date	

PATENT APPLICATION FEE DETERMINATION RECORD
Effective January 1, 2003

Application or Docket Number

RCE

CLAIMS AS FILED - PART I

CLAIMS AS FILED - PART I	(Column 1)	(Column 2)		SMALL ENTITY TYPE ☐		OR	OTHER THAN SMALL ENTITY	
TOTAL CLAIMS				RATE	FEE		RATE	FEE
FOR	NUMBER FILED	NUMBER EXTRA		BASIC FEE	$375	OR	BASIC FEE	$750
TOTAL CHARGEABLE CLAIMS	minus 20=	*		X$ 9=		OR	X$18=	
INDEPENDENT CLAIMS	minus 3 =	*		X42=		OR	X84=	
MULTIPLE DEPENDENT CLAIM PRESENT		☐		+140=		OR	+280=	
				TOTAL		OR	TOTAL	

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA	SMALL ENTITY	OR		OTHER THAN SMALL ENTITY	
					RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
AMENDMENT A Total	* 18	Minus	** 24	=	X$ 9=		OR	X$18=	
Independent	* 4	Minus	*** 4	=	X42=		OR	X84=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM ☐					+140=		OR	+280=	
					TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA	RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
AMENDMENT B Total	*	Minus	**	=	X$ 9=		OR	X$18=	
Independent	*	Minus	***	=	X42=		OR	X84=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM ☐					+140=		OR	+280=	
					TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA	RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
AMENDMENT C Total	*	Minus	**	=	X$ 9=		OR	X$18=	
Independent	*	Minus	***	=	X42=		OR	X84=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM ☐					+140=		OR	+280=	
					TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.